

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/049161**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	15		1			
TOTAL DEP.	18	↔	9	↔		
TOTAL CLAIMS	21		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		↔		↔		
TOTAL CLAIMS						